

Department of Defense (DoD) | National Quality Management Program (NQMP)

JCAHO ORYX[®] **Performance Measurement Overview**

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1 May 2006



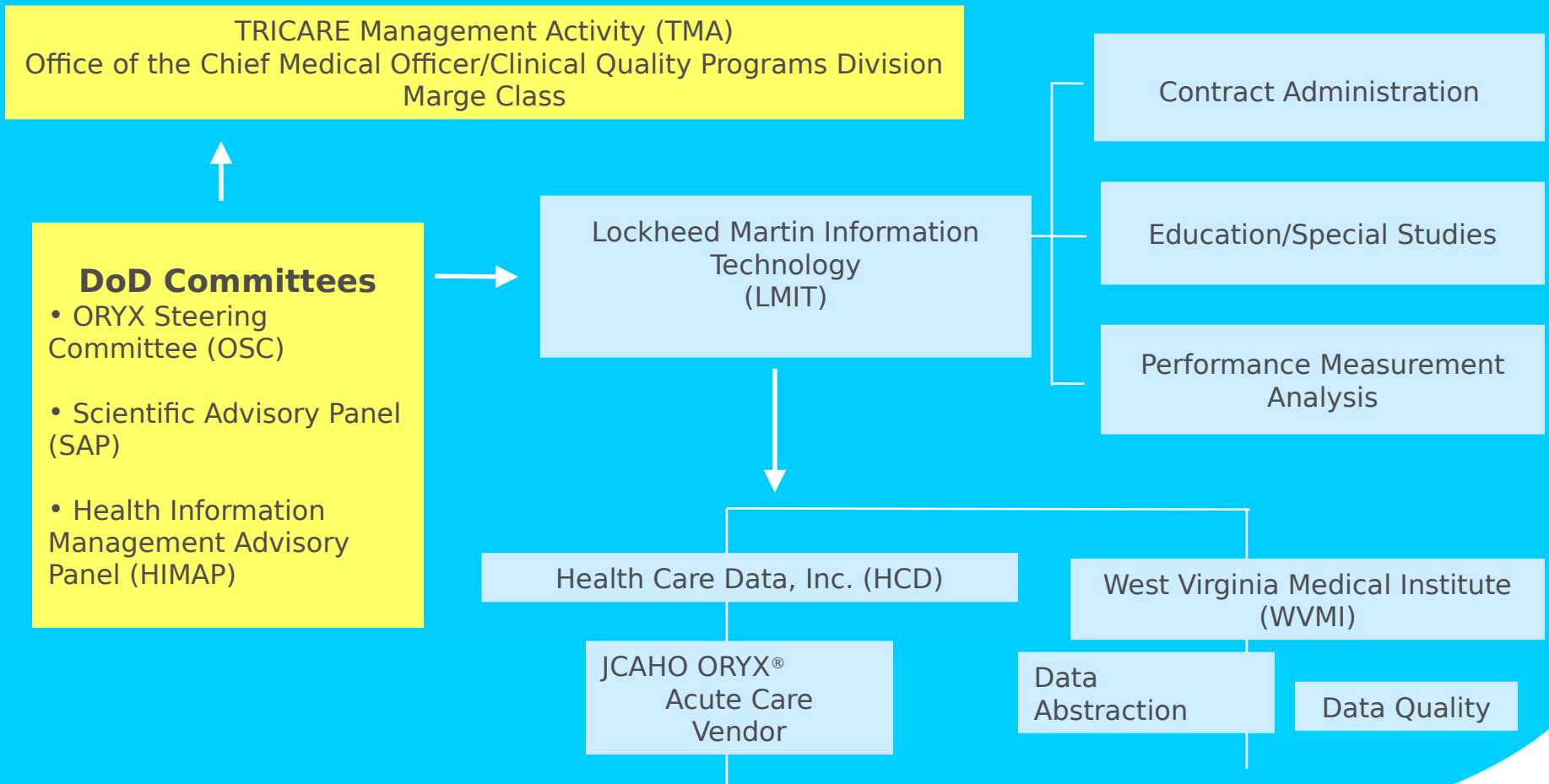
NQMP



Objectives of the Presentation

- Introduce the NQMP team
- Provide NQMP overview and JCAHO ORYX® initiative
- Review JCAHO ORYX® core measure data
- Identify current ORYX® measures of the Army MTFs
- Highlight Balanced Scorecard (BSC) indicators
- Demonstrate Web access to data

Meet Our Team



NQMP Activities and Goals

- Special Health Care Quality Studies
 - Studies of special or significant importance to the MHS
 - Goal: Drive health status improvement and the effectiveness and efficiency of delivery processes
- JCAHO ORYX® Performance Measures
 - Standardized indicators of care
 - Goal: Centralize MHS JCAHO ORYX® performance measurement, standardize the process, and ease the burden on individual Military Treatment Facilities (MTFs)
- Education and Training
 - Comprehensive multidisciplinary program using diverse methods and venues
 - On-line education
 - Consultative on-site visit program

Seamless,
coordinated
performance
improvement
process

Special Studies 2002 - Present

2002

- Prevention
 - Childhood Immunization Study (CIS)
 - Chlamydia Testing
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Tobacco Use Cessation
- Disease Management
 - Asthma Care
 - Diabetes Care
 - Dyslipidemia
 - Depression
- Readiness
 - Post Deployment Health Study

2003

- Post-Deployment Health
- Follow-up
- Prevalence of Obesity
- Adolescent Immunization Survey
- Antibiotic Prescribing
- Patterns for Children
- Asthma Care in the MHS
- Ischemic Heart Disease
- **2004**
- Blood Pressure Assessment and Mgmt
- Depression Assessment and Mgmt
- Force Health Protection –Post Deployment Health
- Data Quality components for each

2005

- Association of Prehypertension with Development of Subsequent HTN
- Relationship Between D/C Instructions following Hospitalization for Heart Failure (HF) and Readmission Within 30 Days
- Evaluation of the DoD/VA CPG Implementation
- Birth Trauma Patient Safety Indicator (PSI 17)
- Post-Deployment PTSD Screening

www.nqmp.info - Special Studies and Education





- Name of the Joint Commission initiative that integrates performance measures into the accreditation process

PURPOSE

- Provide a critical link between accreditation and patient care outcomes, thus increasing consumer confidence
- Guide and stimulate continuous improvement in patient care and within health care organizations through refinement of performance-based standards
- Review data trends and patterns for continuous monitoring of performance
- Assist organizations in identifying best practices and issues requiring attention

JCAHO ORYX® Core Measures

- Prior to July 2002, multiple vendors provided measures to meet the intent of the ORYX® initiative
 - Measured population definitions were not standardized
 - Comparison across organizations was not feasible
- Core measures
 - Standardized performance measures applied across accredited health care organizations for each JCAHO accreditation program
- Core measure data collection began July 2002
 - Acute Myocardial Infarction (AMI)
 - Heart Failure (HF)
 - Community Acquired Pneumonia (CAP changed to PN)
 - Pregnancy and Related Conditions (PR)

ORYX® Requirements in 2004

- Increased JCAHO reporting requirements
 - 3 core measure sets or
 - 2 core measure sets + 3 non-core measures or
 - 1 core measure set + 6 non-core measures or
 - 9 non-core measures
- Surgical Infection Prevention (SIP) indicator added, July 2004
 - Core measure set applies to inpatient surgery in the following categories :
 - CABG
 - Vascular surgery
 - Hysterectomy
 - Thoracic surgery
 - Knee and hip arthroplasty
 - Colon surgery

Army MTF ORYX® Selections and BSC as of Feb 06

Facility Name	AMI	HF	PN	PR	SIP	Diabetes	Asthma	PPCS
FT Wainwright - BASSETT ACH	na	na	X	X	X			
FT Carson - EVANS ACH	BSC	BSC	X	X	X			
Washington DC - WALTER REED AMC	X	X	X	na	BSC			
FT Gordon - DWIGHT EISENHOWER AMC	X	X	X	na	BSC			
FT Benning - MARTIN ACH	BSC	BSC	X	X	BSC	X	X	
FT Stewart - WINN ACH	BSC	BSC	X	X	X			
FT Shafter - TRIPLER AMC	X	X	BSC	X	BSC			
FT Riley - IRWIN ACH	BSC	BSC	X	X	BSC	X		
FT Campbell - BLANCHFIELD ACH	BSC	X	X	X	BSC			
FT Knox - IRELAND ACH	BSC	BSC	X	X	BSC	X		
FT Polk - BAYNE-JONES ACH	BSC	X	X	X	BSC			
FT Leonard Wood - General L. WOOD ACH	BSC	X	X	X	BSC			
West Point - KELLER ACH	BSC	X	X	X	BSC			
FT Bragg - WOMACK AMC	X	X	BSC	X	BSC			
FT Sill - REYNOLDS ACH	BSC	X	X	X	BSC			
FT Jackson - MONCRIEF ACH	BSC	X	X	na	X			
FT Bliss - WILLIAM BEAUMONT AMC	X	BSC	X	X	BSC			
FT. Sam Houston - BROOKE AMC	X	X	X	na	BSC			
FT Hood - DARNALL AMC	BSC	X	X	X	BSC			
FT Eustis - MCDONALD ACH	na	na	na	na	na	X	X	
FT Belvoir - DEWITT ACH	BSC	BSC	X	X	BSC	X		
FORT Lewis - MADIGAN AMC	X	X	X	BSC	BSC			
FT Irwin - WEED ACH	na	na	BSC	X	BSC	X	X	X
Heidelberg MEDDAC	na	na	X	X	X			
LANDSTUHL REG MEDCEN	X	BSC	X	X	BSC			
Wuerzburg - MEDDAC 67th Combat Support Hospital	na	na	X	X	X			
Seoul - 18th MedCom 121st GEN HOSP	X	BSC	X	X	BSC			

AMI Core Measure Set

- Aspirin at arrival
- Aspirin prescribed at discharge
- Angiotensin Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blockers (ARB) for patients with Left Ventricular Systolic Dysfunction (LVSD)
- Smoking cessation advice/counseling
- Patients who are prescribed a beta blocker at hospital discharge
- Patients who receive a beta blocker within 24 hours after hospital arrival
- Time to thrombolysis AMI
- Thrombolysis within 30 minutes of hospital arrival
- Time to Percutaneous Coronary Intervention (PCI)
- PCI within 120 minutes of hospital arrival
- Inpatient mortality

Measures in red are included in the TMA Balanced Scorecard

Heart Failure Core Measure Set

- Heart failure patients with complete discharge instructions in the medical record
- Heart failure patients not admitted on ACEI or Angiotensin Receptor Blockers (ARBs), with Left Ventricular Function (LVF) evaluated before or during hospitalization or planned after discharge
- Patients with Left Ventricular Ejection Fraction (LVEF) < 40 percent prescribed ACEI at discharge
- Adult smoking cessation advice/counseling

Measures in red are included in the TMA Balanced Scorecard

Community Acquired Pneumonia Core Measure Set

- Oxygenation assessment within 24 hours of hospital arrival
- Inpatients screened for and/or given pneumococcal vaccination
- Blood cultures obtained prior to first antibiotic administration
- Adult smoking cessation advice/counseling
- Pediatric smoking cessation advice/counseling
- Time from initial arrival to first dose of antibiotic
- Initial antibiotic within 8 hours
- Initial antibiotic within 4 hours
- Initial antibiotic selection for ICU patients
- Initial antibiotic selection for non-ICU patients
- Influenza vaccination

Measures in red are included in the TMA Balanced Scorecard

Pregnancy & Related Conditions Core Measure Set

- Patients with vaginal birth after cesarean section (VBAC) (risk-adjusted)
- Inpatient neonatal mortality – live born infants who expire less than 29 days after birth (stratified by birth weight) (risk-adjusted)
- Third or fourth degree lacerations – patients who have vaginal deliveries with third or fourth-degree laceration (risk-adjusted)

Measures in red are included in the TMA Balanced Scorecard

Surgical Infection Prevention (SIP)

- Prophylactic antibiotic received within 1 hour prior to surgical incision
- Prophylactic antibiotic selection for surgical patients
- Prophylactic antibiotics discontinued within 24 hours of surgery end time
 - CABG
 - Cardiac surgery
 - Hip arthroplasty
 - Knee arthroplasty
 - Colon surgery
 - Hysterectomy
 - Vascular surgery

Measures in red are included in the TMA Balanced Scorecard

www.jcaho.org for Core Measure Indicator Specifications

Joint Commission Home Page - Microsoft Internet Explorer

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Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

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- Shared Visions - New Pathways
- Speak Up
- Unannounced Surveys
- You The Smart Patient

Top Stories

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 **Joint Commission Resources**

 **Joint Commission International Center For Patient Safety**

 **Joint Commission International**

 **lab advantage**

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 We subscribe to the HONcode principals of the Health On the Net Foundation

Internet

start Joint Commission Ho... Microsoft PowerPoint ...

5:23 PM

-Click on
**Performance
Measurement**

- Click on
**Standardized
Performance
Measures**

- Click on
**Core Measure
Manuals**

Non-Core Disease Management Measure: Diabetes

- NQMP and the ORYX® Steering Committee worked collaboratively to develop relevant ambulatory care measures that were approved by JCAHO as non-core measures
- Diabetes measures, July 2003
 - HbA1c Management Test Values
 - Timing of HbA1c Test
 - Blood Pressure Values
 - Timing of LDL Cholesterol Test
 - Timing of Urine Protein Test
 - LDL-Cholesterol Management Test Values
 - Timing of Eye Examination
 - Timing of Foot Examination

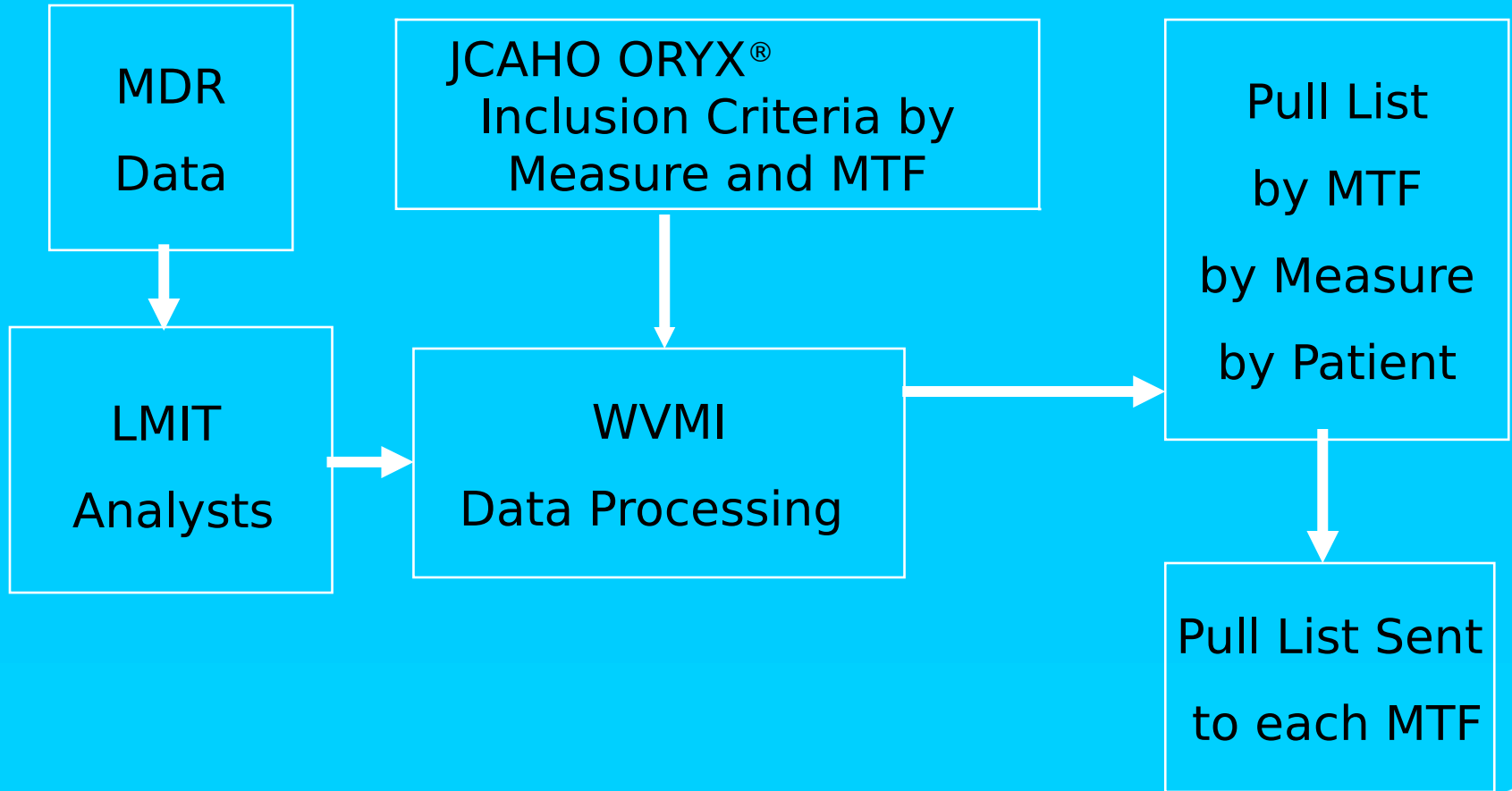
Non-Core Disease Management Measure: Asthma and HTN

- Asthma measures, January 2004
 - Persistent Asthma Patients with Documented Action Plan
 - Documentation of Asthma Severity Level
 - Persistent Asthma Patients Who are Prescribed Inhaled Steroids
 - Asthma Patients with Spirometry Documented
- Hypertension measures, January 2006
 - Blood Pressure Measurement Prevalence
 - Blood Pressure Control
 - Blood Pressure Control – Diabetic Patients
 - Lifestyle Modification Counseling
 - Follow-up Plan of Care for Patients with Hypertension in Control
 - Follow-up Plan of Care for Patients with Hypertension Not in Control
 - Assessment for Secondary Causes of Hypertension

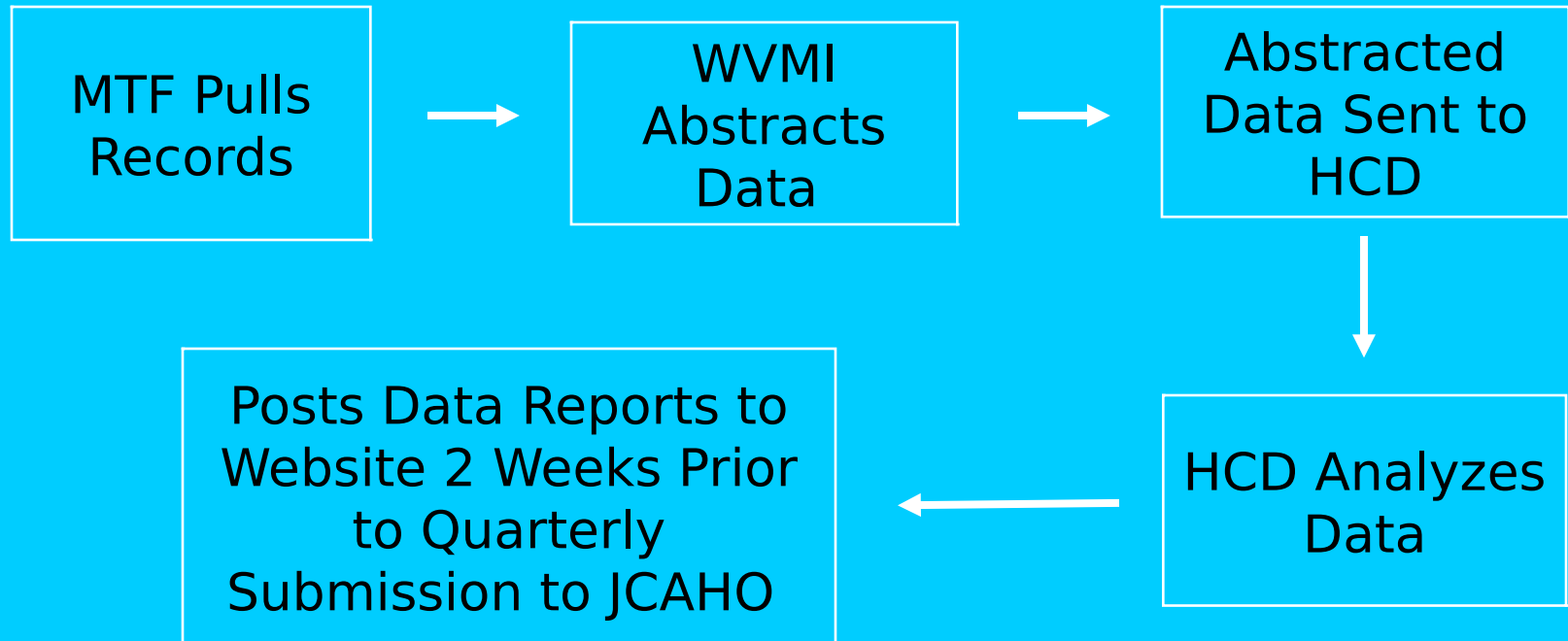
JCAHO Standards Related to Core / Non-Core Measures

- Accreditation Participation Requirements
 - APR 5 – Core / Non-core measure set selection
 - APR 6 – Core measure set reporting
- PI.1.10 – Data collection to monitor organizational performance
- PI.2.20 – Organization aggregates and analyzes data
- LD 3.20 – Organization provides the same standard of care to all patients with comparable needs
- LD.4.70 – Performance Improvement is measured and assessed
- LD.5.10 – CPGs are considered when designing/improving processes

How is the JCAHO ORYX® Data Collected and Analyzed?



JCAHO ORYX® Process (Continued)

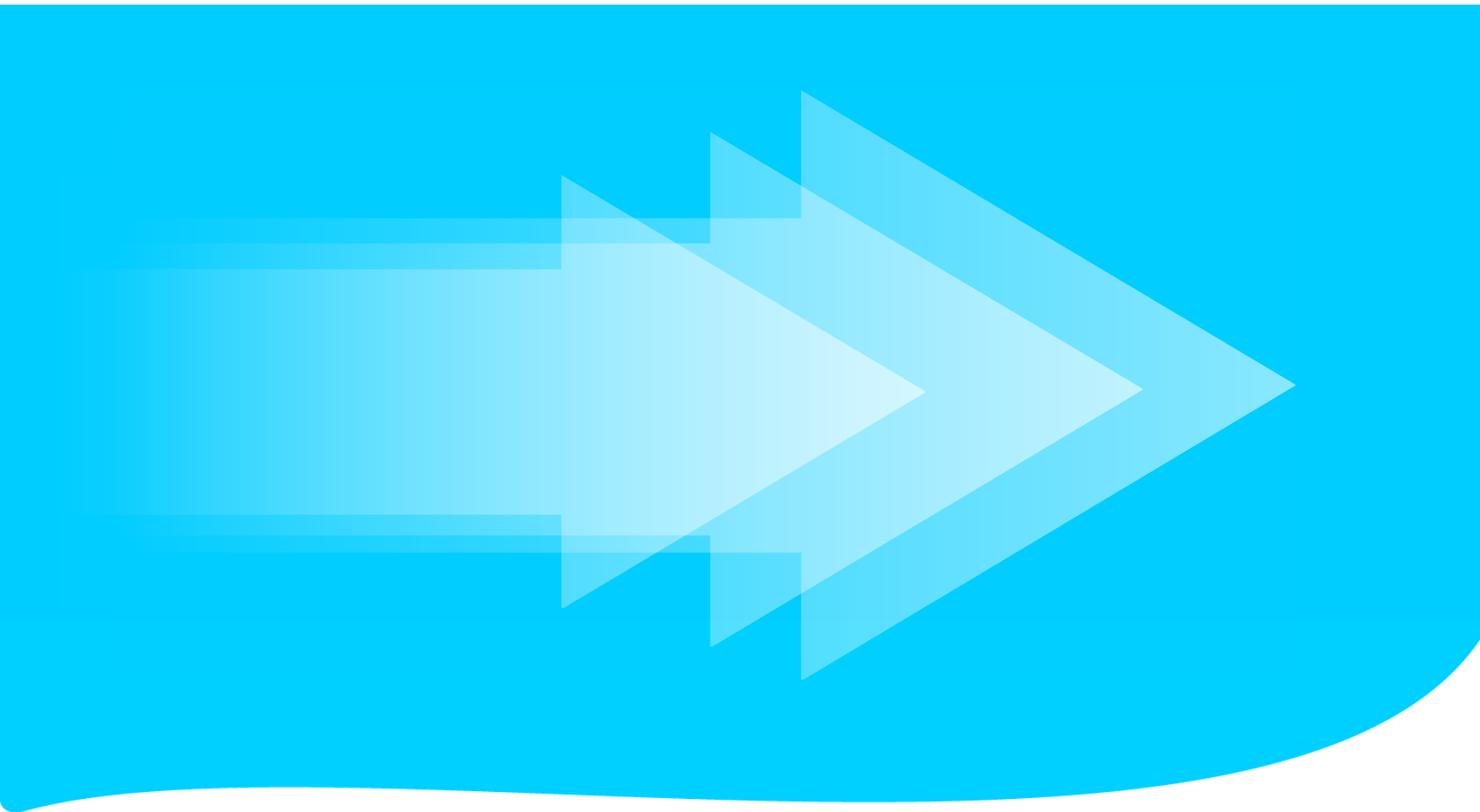


The process of WVMI collecting MTF data for submission to JCAHO via Health Care Data, Inc. and JCAHO ORYX® quarterly reports posted to HCD's Website is in compliance with JCAHO ORYX® requirements.

NEW JCAHO Analysis Processes

- JCAHO is now analyzing organizational data as they receive reports.
 - Questions data analysis company (HCD) to verify outliers
- JCAHO will now contact organizations beginning 1 Jan 2006.
 - Questions organization to explain outliers and plan of improvement

Web Access to Data



NQMP Website: www.nqmp.info



Click on
JCAHO
ORYX

Click on HCD Reports & Patient Database

The screenshot shows a web browser window titled "National Quality Management Program - JCAHO ORYX - Microsoft Internet Explorer". The address bar is empty. The menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The main content area has a red header with the text "National Quality Management Program" and "External Review of Care". Below this, there are links for "Login", "Calendar", "Newsletter", "Related Links", "Contact Us", and "Site Map". The left sidebar is blue and contains the "JCAHO ORYX" logo, a "Go to.." section with links for "Education", "Quality Management & Healthcare", and "Special Studies", and a list of links: "Fact Sheets", "Read Aheads", "Meeting Minutes", "HCD Reports & Patient Database" (highlighted with a green box), "JCAHO Website", "Contact NQMP ORYX", and "JCAHO Guidance on Flu Shot". The main content area also features a "Mission" section with text about the JCAHO ORYX initiative and a "Vision" section with text about stimulating continuous improvement in health care delivery. The status bar at the bottom shows "Internet" and a small globe icon.

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Mission
The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) ORYX® initiative provides a link between accreditation and patient care outcomes. The National Quality Management Program (NQMP) JCAHO ORYX® initiative supports Military Treatment Facilities (MTFs) in meeting the JCAHO requirement to submit ORYX® data. The NQMP centralizes Military Health System (MHS) JCAHO ORYX® performance measurement, standardizing the process and easing the burden on individual MTFs.

Vision
Stimulating continuous improvement in health care delivery by assisting MTFs in identifying best practices and issues requiring attention through the continuous monitoring of performance measures.

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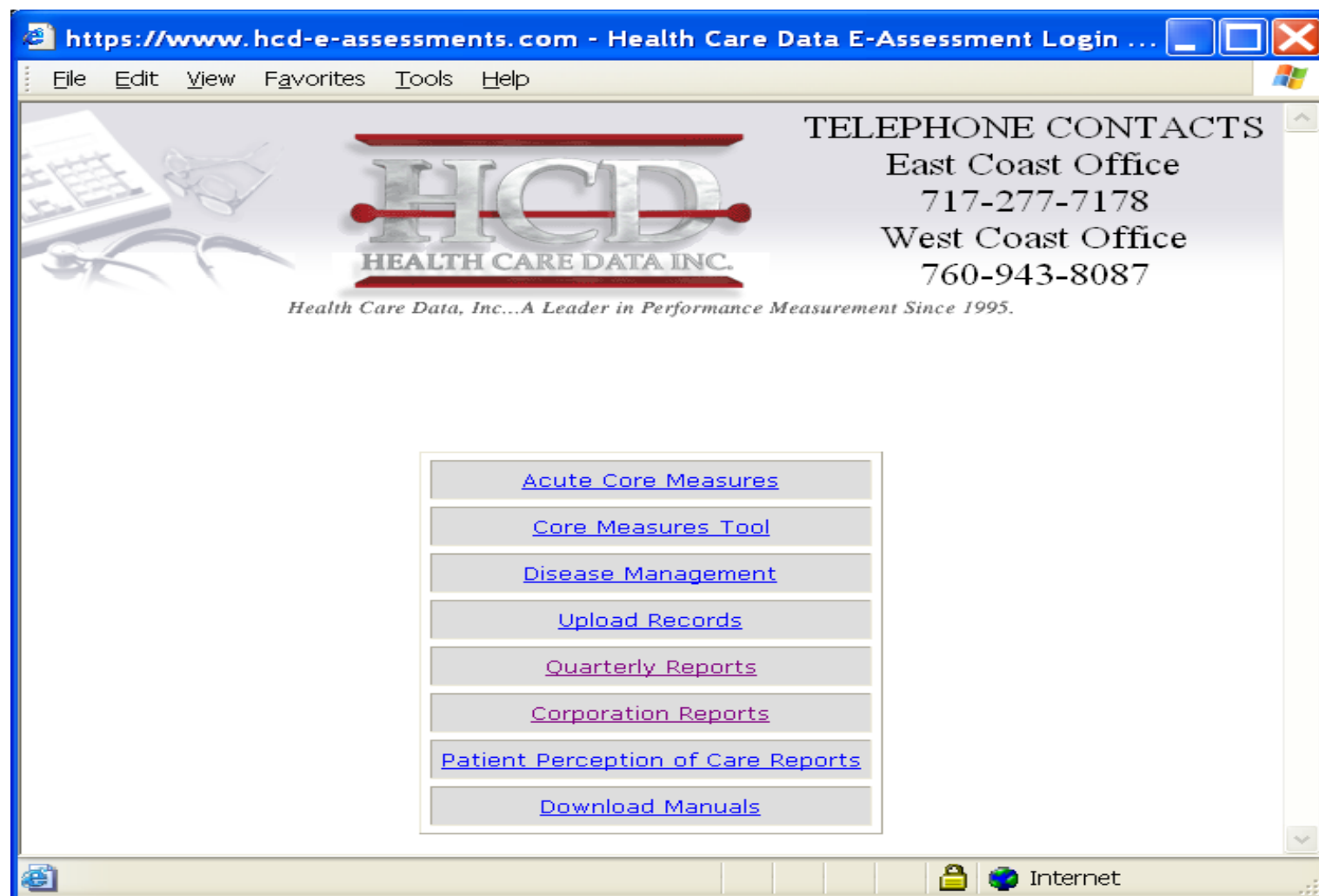
(Click [here](#) to change your password.)

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Password:

Done Internet

Click on Quarterly Reports (Corporate Reports for *Comparison Data*) (Acute Core Measures for *Data Mining*)



Select Quarter Desiring to Review

https://www.hcd-e-assessments.com - Health Care Data Inc.--download reports - Mic...

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Log Out

Select Year and Quarter

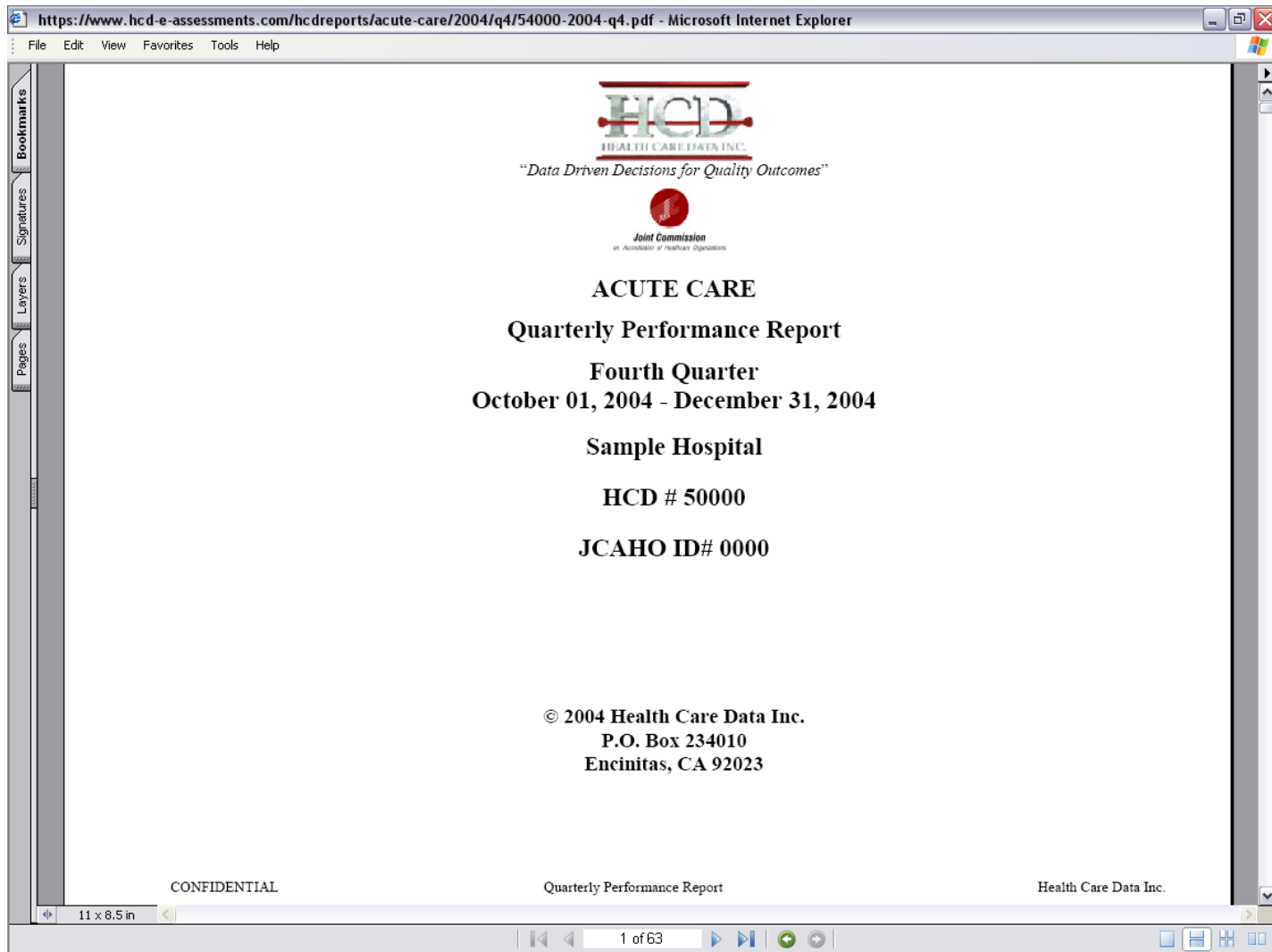
Year
2004 ▼

Quarter
First ▼
First
Second
Third
Fourth

Go

Internet

MTF ORYX[®] Report



Page ONE of Each Indicator - 24 months of data

https://www.hcd-e-assessments.com/hcdreports/acute-care/2004/q4/54000-2004-q4.pdf - Microsoft Internet Explorer

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50000 12

JCAHO# - 14229 - (AMI-1) Aspirin at arrival

FOCUS - Acute myocardial infarction (AMI) patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival.

Calculations	Numerator =	AMI patients who received aspirin within 24 hours before or after hospital arrival
	Denominator =	AMI patients without aspirin contraindications

PERFORMANCE - For the fourth quarter of 2004 your HCO reported 34 AMI patient(s) without aspirin contraindications. During the quarter, the number of AMI patients who received aspirin within 24 hours before or after hospital arrival was 32. Table 2 shows the number of numerator and denominator cases by month. Table 3 shows how your hospital performed compared to all reporting organizations over the last 8 quarters.

Table 2. Number of numerator cases and denominator cases by month for (AMI-1) Aspirin at arrival

	2003												2004											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Num	16	13	6	10	20	8	16	16	17	18	16	13	15	20	22	13	7	12	14	8	16	12	11	9
Den	17	13	6	10	21	8	16	16	17	19	17	13	15	20	22	13	7	12	14	9	17	13	12	9

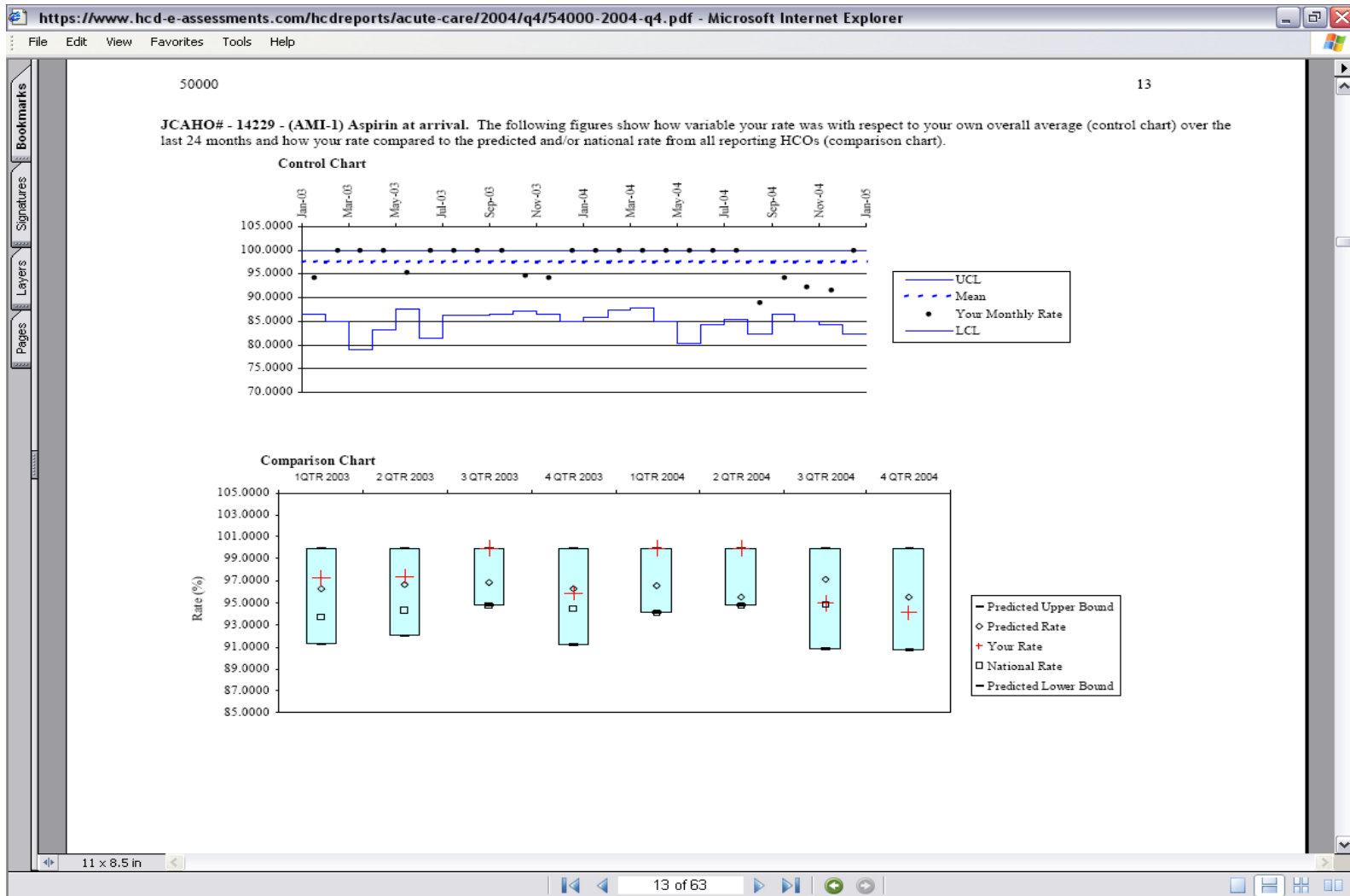
Table 3. Numerator cases, denominator cases, and rates for your HCO and all reporting HCOs by quarter for (AMI-1) Aspirin at arrival

		1 Qtr 2003	2 Qtr 2003	3 Qtr 2003	4 Qtr 2003	1 Qtr 2004	2 Qtr 2004	3 Qtr 2004	4 Qtr 2004
Your HCO	Numerator Cases	35	38	49	47	57	32	38	32
	Denominator Cases	36	39	49	49	57	32	40	34
	Performance Rate	97.2222	97.4359	100.0000	95.9184	100.0000	100.0000	95.0000	94.1176
All Reporting HCOs	Numerator Cases	1,918	1,492	1,656	1,570	1,090	960	968	1,057
	Denominator Cases	1,992	1,544	1,710	1,630	1,129	1,005	997	1,107
	Performance Rate	96.2851	96.6321	96.8421	96.3190	96.5456	95.5224	97.0913	95.4833
National Rate	Numerator Cases	60,318	57,859	56,982	63,081	94,225	87,943	84,258	
	Denominator Cases	64,368	61,378	60,153	66,770	100,083	92,820	88,861	
	Performance Rate	93.7081	94.2667	94.7284	94.4751	94.1469	94.7457	94.8200	

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12 of 63

Control Chart & Comparison Chart for Each Indicator



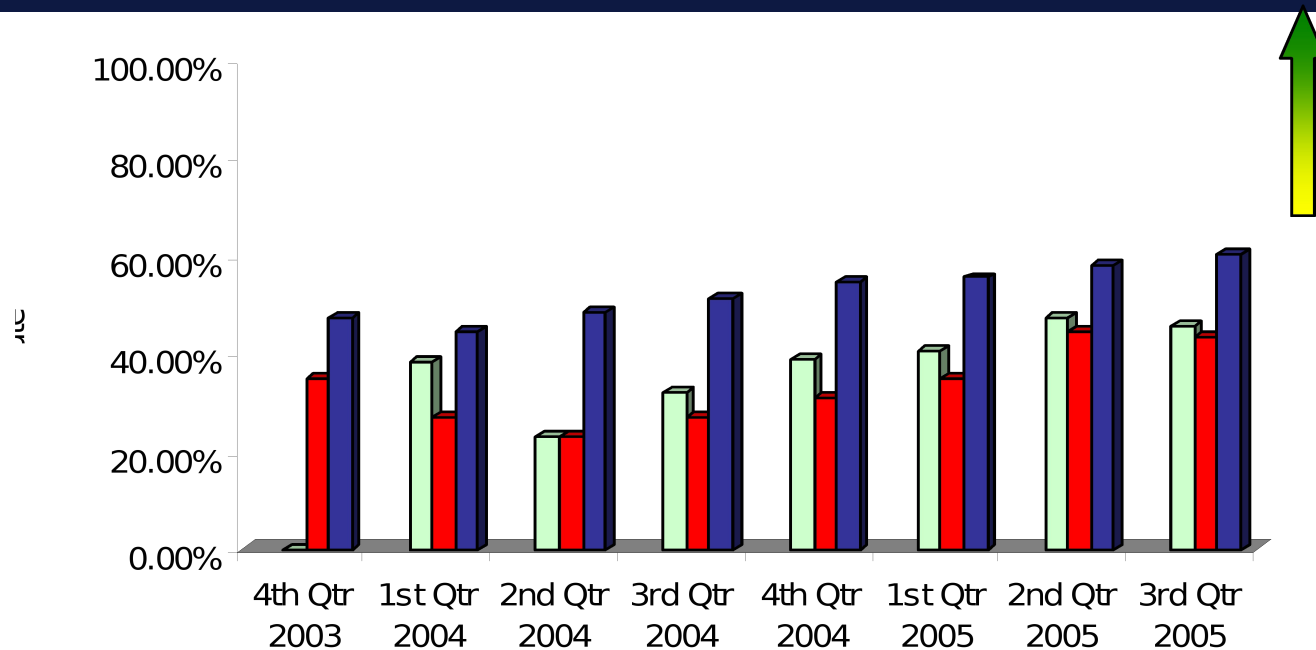
Heart Failure (HF) 1 Discharge Instructions

Calculations

Numerator Heart failure patients discharged home with written or caregiver at discharge or during stay addressing all of the following: activity level, diet, discharge medications, follow-up appointments, weight monitoring and what to do if symptoms worsen

Denominator Heart failure patients discharged to home

HF 1 Discharge Instructions



MTF Name		Army		DoD		National	
(N,	n)	(N,	n)	(N,	n)	(N,	n)
4th Qtr 2003		0		159		120,666	
1st Qtr 2004		137		353		187,034	
2nd Qtr 2004		223		616		176,948	
3rd Qtr 2004		252		564		163,956	
4th Qtr 2004		258		536		179,778	
1st Qtr 2005		312		639		182,945	
2nd Qtr 2005		241		569		171,534	
3rd Qtr 2005		226		269		149,135	

HF 2 LVF Assessment

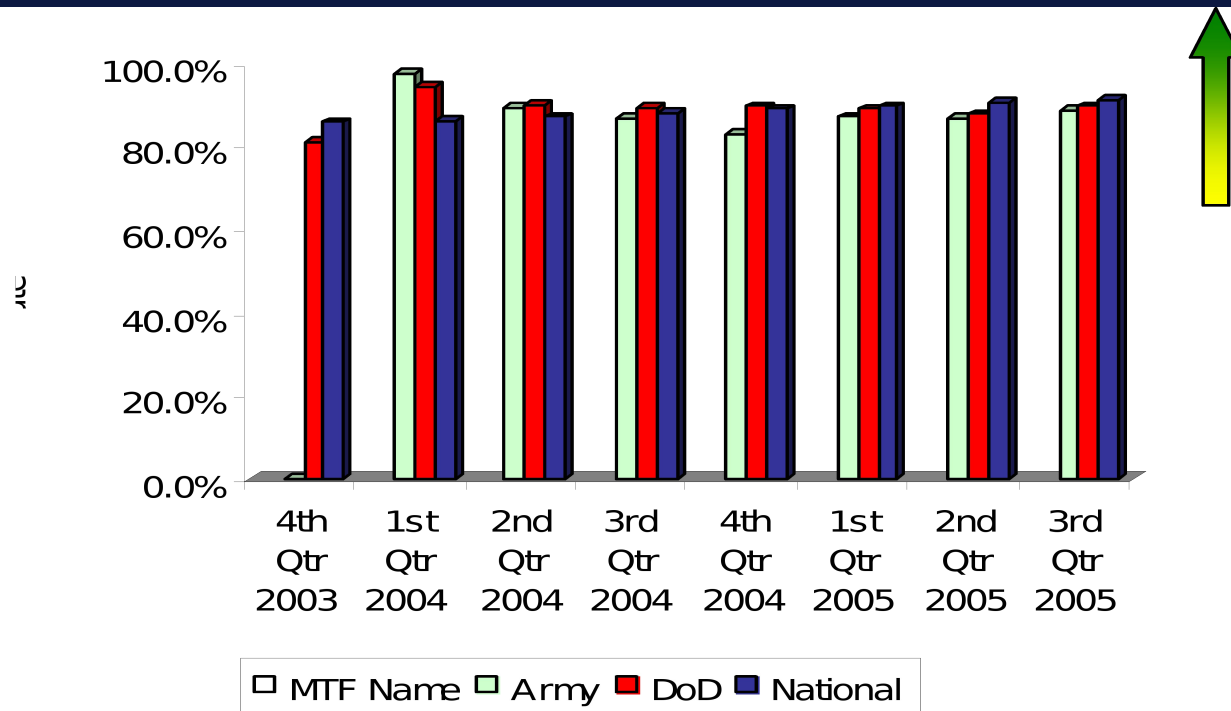
Calculations

Numerator

Heart failure patients with documentation in the hospital record that LVF was assessed before arrival, during hospitalization, or is planned for after discharge

Denominator Heart failure patients

HF 2 LVF Assessment



	MTF Name		Army		DoD		National	
	(N,	n)	(N,	n)	(N,	n)	(N,	n)
4th Qtr 2003			0		164	133	146,254	125,323
1st Qtr 2004			148	144	371	350	229,043	197,078
2nd Qtr 2004			230	205	641	575	216,468	188,369
3rd Qtr 2004			270	234	597	532	201,404	177,080
4th Qtr 2004			273	226	570	510	218,731	194,379
1st Qtr 2005			333	290	673	598	225,761	202,000
2nd Qtr 2005			250	216	594	520	209,931	190,208
3rd Qtr 2005			238	213	289	259	182,882	166,546

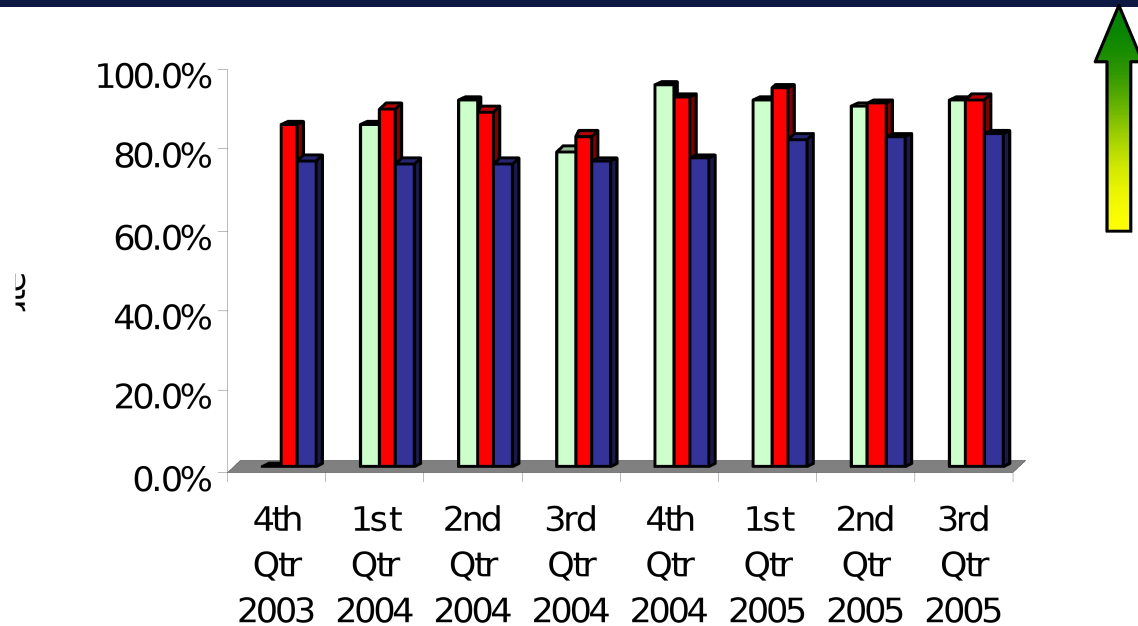
HF 3 ACEI or ARB for LVSD

Calculations

Numerator Heart failure patients who are prescribed an
ACEI or ARB at hospital discharge

Denominator Heart failure patients with LVSD and without
ACEI contraindications

HF 3 ACEI or ARB for LVSD



□ MTF Name □ Army □ DoD □ National

	MTF Name		Army		DoD		National	
	(N,	n)	(N,	n)	(N,	n)	(N,	n)
4th Qtr 2003			0	0	60	52	49,566	37,905
1st Qtr 2004			62	53	155	140	76,939	58,498
2nd Qtr 2004			83	76	253	226	74,083	56,265
3rd Qtr 2004			85	62	219	182	68,283	52,037
4th Qtr 2004			85	81	178	164	74,189	57,093
1st Qtr 2005			105	97	211	199	84,483	69,154
2nd Qtr 2005			92	83	207	189	81,384	67,133
3rd Qtr 2005			93	86	100	92	71,450	59,400

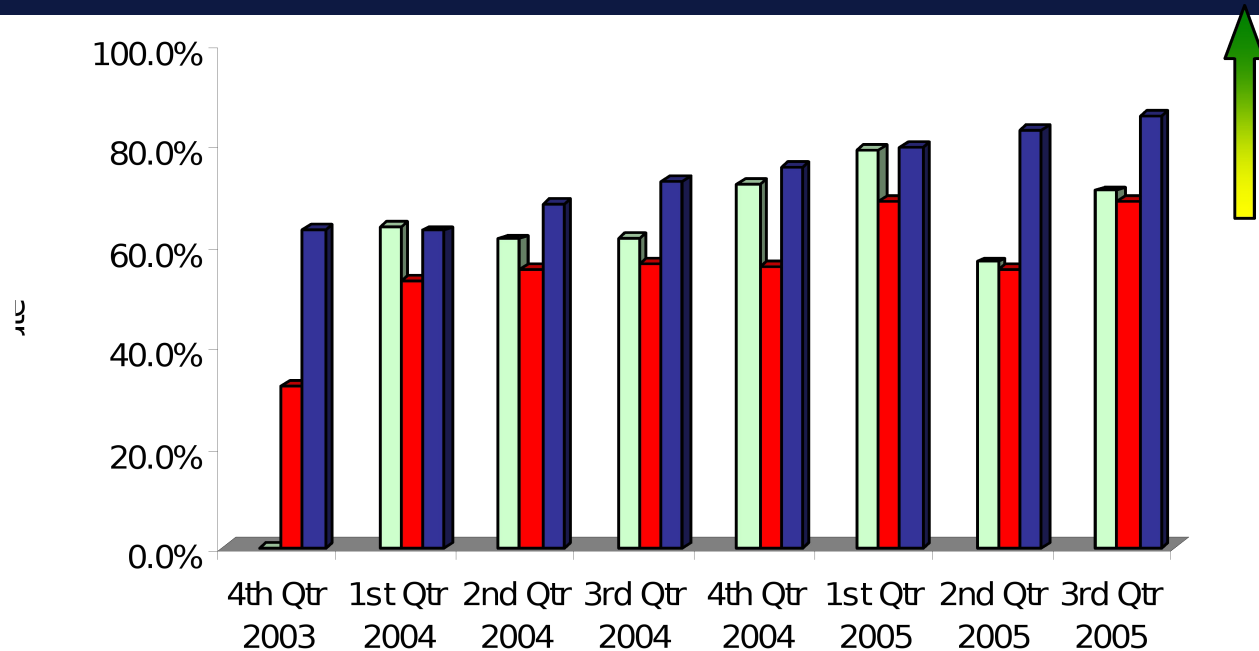
HF 4 Adult Smoking Cessation Advice / Counseling

Calculations

Numerator Heart failure patients who receive smoking cessation advice or counseling during the hospital stay

Denominator Heart failure patients with a history of smoking cigarettes anytime during the year prior to arrival to the hospital

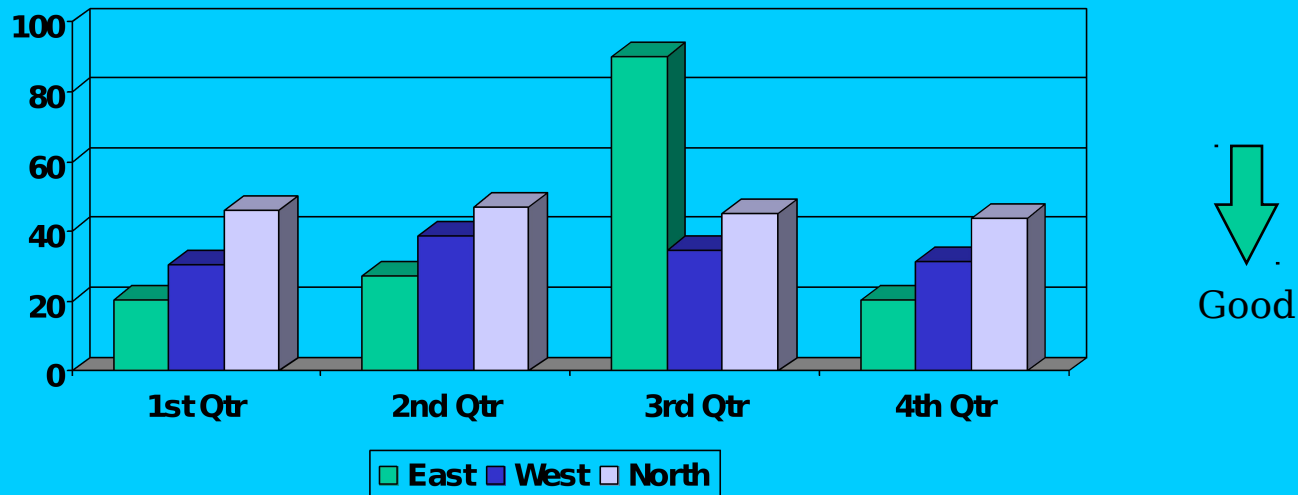
HF 4 Adult Smoking Cessation Advice / Counseling



□ MTF Name □ Army ■ DoD ■ National

	MTF Name		Army		DoD		National	
	(N,	n)	(N,	n)	(N,	n)	(N,	n)
4th Qtr 2003			0	0	25	8	23,696	14,926
1st Qtr 2004			22	53	52	28	36,746	23,042
2nd Qtr 2004			41	76	91	50	34,886	23,671
3rd Qtr 2004			54	62	98	55	33,078	23,943
4th Qtr 2004			39	81	79	44	37,135	28,073
1st Qtr 2005			56	97	93	64	38,520	30,487
2nd Qtr 2005			37	83	93	51	35,782	29,579
3rd Qtr 2005			40	26	54	37	31,779	27,144

Example

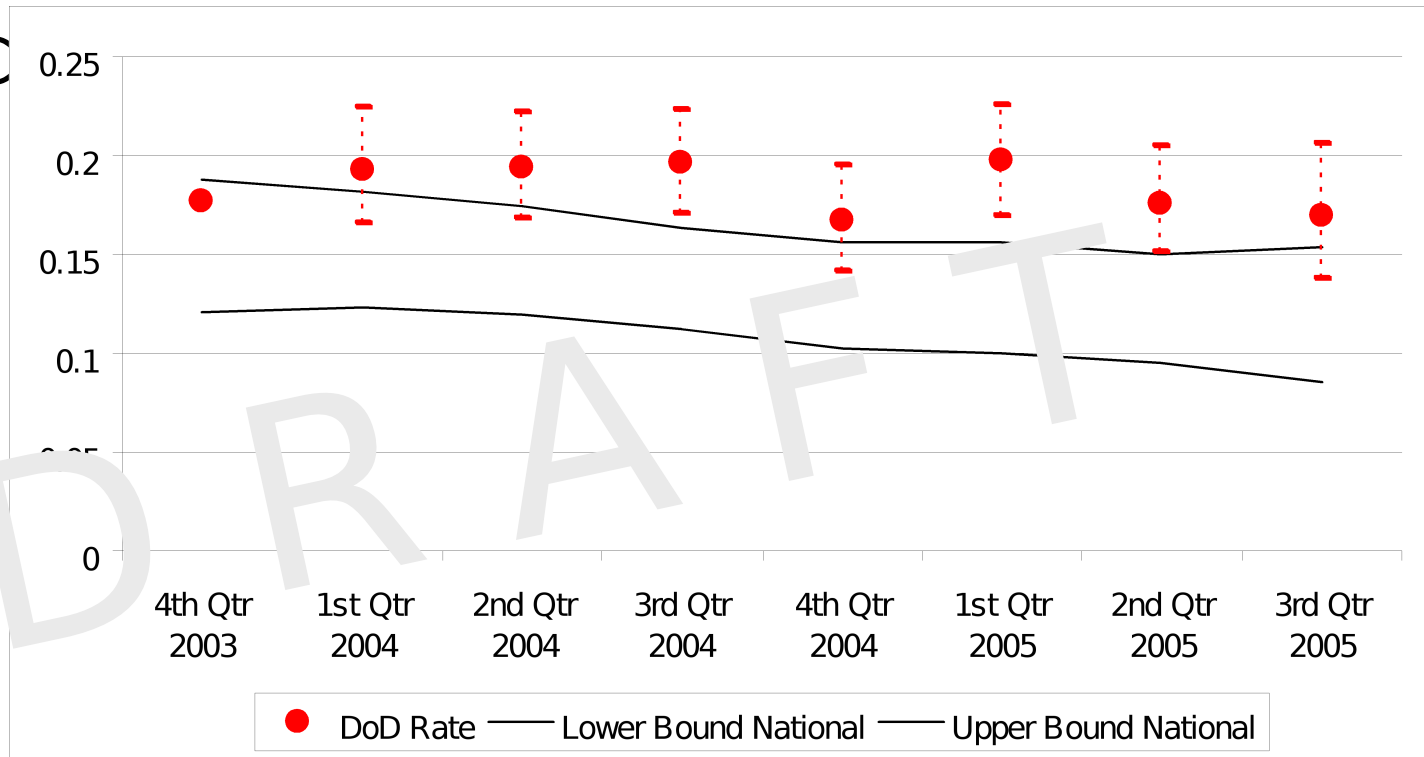


Analysis: Our access rate remains consistent and below Army and DoD rates except for the 3rd qtr. Drill down revealed it was related to one clinic's deployment of two providers. A delay in contract approval resulted in provider vacancy and long access times.

Action: Give projected provider deployment calendars to contracting to prevent future patient access issues. OPR: Maj Helper EDC: next month

ORYX® Steering Committee Review

PR - 1 VBAC



Year	Quarter	Num	Den	NatNum	NatDen
2003	4	152	858	6942	44183
2004	1	231	1195	7576	49034
2004	2	272	1403	7513	50618
2004	3	302	1542	7457	53351
2004	4	220	1316	6850	52163
2005	1	263	1338	5822	45081
2005	2	229	1299	5906	47545
2005	3	136	802	6011	49187

DoD Areas Needing Improvement - as of 4th Qtr 2005

- **AMI**
 - AMI 4 - Documentation of smoking cessation during hospitalization
- **HF**
 - HF 1 - Documentation of discharge instructions: all 6 elements must be 100%: activity level, weight monitoring, diet, medications, F/U appt, what to do if symptoms worsen
 - HF 4 - Documentation of smoking cessation
- **PN**
 - PN-2: Pneumococcal screening and/or vaccination, age 65 and older
 - PN-3b: Blood cultures (prior to first antibiotic)
 - PN-4a: Adult smoking cessation
- **SIP**
 - SIP-1: Prophylactic antibiotic given within 1 hour prior to surgical incision

Drill Down - Click on Core Measures Online

http://hcdinc.com - HCD: Health Care Data Inc. - Microsoft Internet Explorer

File Edit View Favorites Tools Help

HCD
HEALTH CARE DATA INC.

Health Care Data, Inc...A Leader in Performance Measurement Since 1995.

Outcomes"

May 16, 2005

INFORMATION

- Introduction
- Background
- Mission
- Contact Us
- Home
- Web Conferencing
- Conference Survey

Related Links

- Joint Commission
- Centers for Medicare & Medicaid Services
- National Quality Management Program
- QualityNet Exchange

please Visit HCD At the

Institute for HealthCare Improvement (IHI)
1st Annual International Summit on Redesigning Hospital Care

Manchester Grand Hyatt
San Diego, CA
June 8-10, 2005
Booth #309

Health Care Data Inc.

ORYX® Performance Measurement Systems-
0324-01 and 0324-05

TELEPHONE CONTACTS

East Coast Office
717-277-7178
West Coast Office
760-943-8087

For enrolled clients:

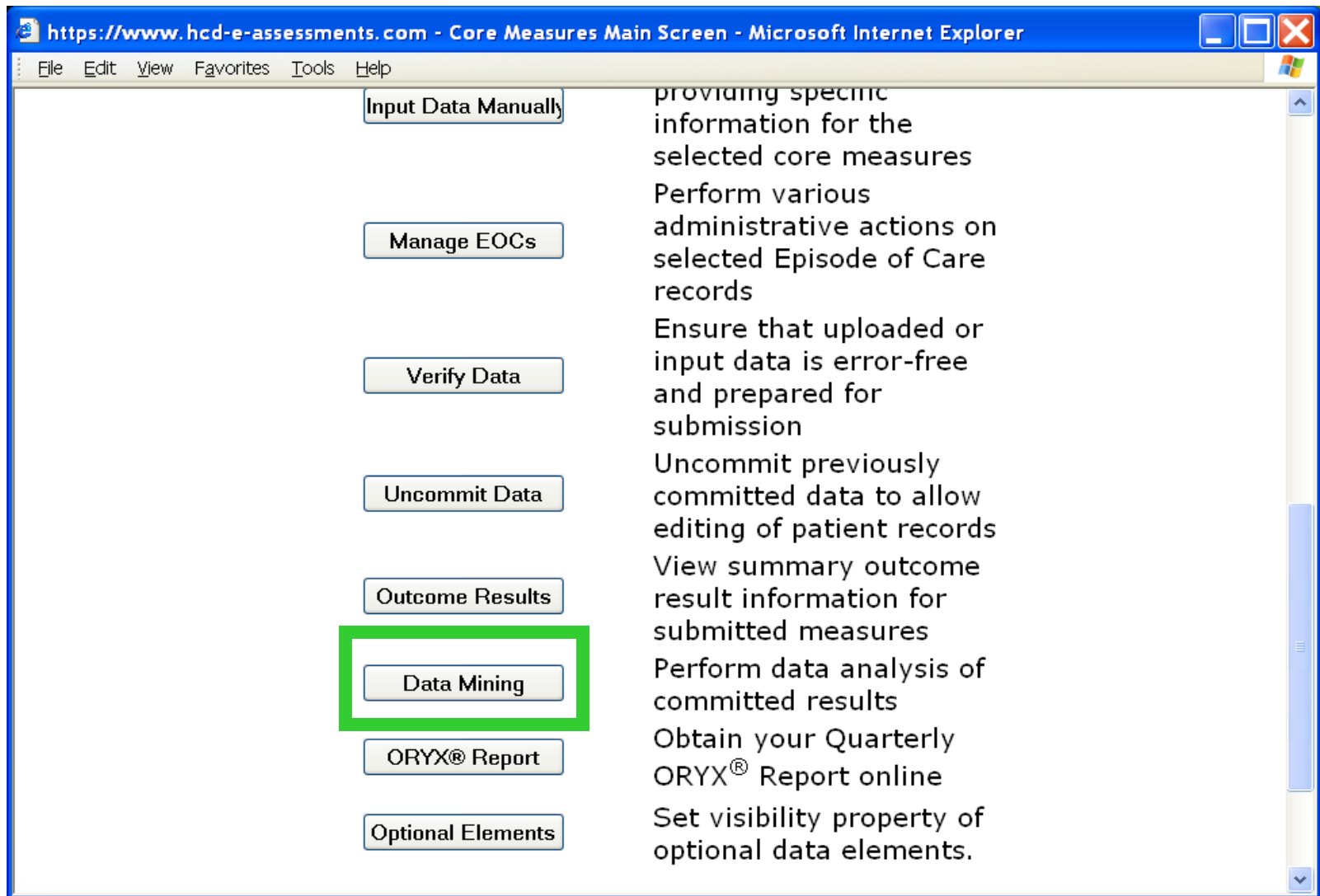
SPECIAL FEATURES

- Help Desk
- Upload Data
- Dial Up Data
- Download Manuals
- Reports
- Core Measures Online
- LTAC Online
- MDS Drill Down
- MDS QM
- Oasis Utilities
- eZ-Audit Tool
- Disease Management
- Behavioral Health
- Patient Perception of Care

Click on Acute Core Measures



Click on Data Mining (at bottom of page)



Develop Query

First select
data set...

...then select
the rest of the
information to
establish
desired query

The screenshot shows a web browser window titled "https://www.hcd-e-assessments.com - Data Mining - Microsoft Internet Explorer". The page header includes the HCD logo and the title "Hospital Core Measures". Below the header is a navigation bar with buttons: "Main Menu", "AMI", "HF", "PN", "PR" (highlighted with a green box), and "SIP". A green arrow points from the text "First select data set..." to the "PR" button. Below the navigation bar is a "Load Query" button. The main content area is titled "Demographic Specifications" and contains several form fields:

- Admission Date:** Between 01/01/2003 and 3/31/2003 (mm/dd/yyyy)
- Admission Source (Multiple):** A dropdown menu is open, showing options: Physician referral, Clinic referral, HMO referral, Transfer from a hospital, Transfer from skilled nursing facility, Transfer from another facility, Emergency room, Court/law enforcement, Information not available, and Transfer from a critical access hospital.
- Admission Type (Multiple):** A dropdown menu is open, showing options: Emergency, Urgent, Elective, Newborn (highlighted), and Information not available.
- DOB:** Between 1/1/2003 and 3/31/2003 (mm/dd/yyyy)

Below the dropdown menus, there is a note: "To select multiple fields, press and hold the Ctrl key and click the desired fields."

Further Selection of Query Fields

https://www.hcd-e-assessments.com - Data Mining - Microsoft Internet Explorer

File Edit View Favorites Tools Help

full code (ex: 315.12 or /84.35).

Other ICD-9 Diagnosis Code

ICD-9 Procedure Code

Measure Choice

Measure (Multiple)

PR-1 - VBAC
PR-2 - Inpatient neonatal mortality (Overall Rate)
PR-3 - Third or fourth degree laceration

Return Fields

Fields (Multiple)

Patient ID
Health Care Organization Identifier
SSN
Case Identifier
Admission Date
Admission Source
Admission Type
Birthdate
Discharge Date
Discharge Status

☐ View Committed Data ☒ View Uncommitted Data

Save Query Submit Reset

Select multiple fields by holding control key and mouse click

Click "View Uncommitted Data"

Possible Query Fields - Example for Pregnancy Indicators

Patient ID
Identifier

SSN

Admission Date

Admission Source

Admission Type

Birth date

Code 1-5

Discharge Date

Discharge Status

Sex

Birth Weight

Discharge Physician

EOC (Episode of Care) Number

Patient HIC#

First Name

Hispanic Ethnicity

Last Name

Race

Health Care Organization

Case Identifier

ICD-9-CM Principal Diagnosis Code

ICD-9-CM Other Diagnosis Code 1-15

ICD-9-CM Principal Procedure Code

ICD-9-CM Other Procedure

ICD-9-CM Principal Procedure Date

ICD-9-CM Other Procedure Date 1-5

Postal Code

Payment Source

Abstraction Date

Abstractor ID Number

Results of Query

https://www.hcd-e-assessments.com - Data Mining - Microsoft Internet Explorer

File Edit View Favorites Tools Help

HCD Hospital Core Measures
HEALTH CARE DATA INC.

Main Menu AMI HF PN **PR** SIP Run Another Query Download These Results

Query Specifications

Viewing **Uncommitted** Data.

HCOID: [REDACTED]
 Admission Date: 9/1/2004 - 12/31/2004
 Admission Source: All
 Admission Type: Newborn
 DOB: 9/1/2004 - 12/31/2004
 Discharge Date: All
 Postal Code: All
 Sex: Both
 Principal ICD-9 Diagnosis Code: All
 Other ICD-9 Diagnosis Code: All
 ICD-9 Procedure Code: All
 Measure(s): PR-2

Legend

☐ Category A, B, or C: Assessments in demographic group but not in the measure population.
☐ Category D: Assessments in the denominator population.
☐ Category E: Assessments in the numerator and denominator population.

Calculated Results

HCO	Measure	Positive Outcome				Negative Outcome		
		Numerator	Denominator	Rate	Avg Time (min)	Numerator	Denominator	Rate
[REDACTED]	PR-2	1	744	0.1%	-	743	744	99.9%

Demographic Results

Birthdate	Discharge Date	Discharge Status	ICD-9-CM Principal Diagnosis Code	ICD-9-CM Other Diagnosis Code 1	ICD-9-CM Principal Procedure Code	Sex	Birth Weight	PR-2	PR-2 Risk Predicted
9/1/2004	9/2/2004	01	V30.00		95.46	F	3305	D	0.000314
9/1/2004	9/2/2004	01	V30.00		95.46	F	3570	D	0.000314
12/27/2004	12/29/2004	01	V30.00		95.46	M	3035	D	0.000454
12/29/2004	12/30/2004	01	V30.00	773.1	64.0	M	3320	D	0.000454
12/29/2004	12/30/2004	01	V30.00	767.2	95.46	F	3505	D	0.000327
12/30/2004	12/30/2004	20	V30.00	765.20		M	150	E	0.475919
12/28/2004	12/30/2004	01	V30.00	772.6	64.0	M	3935	D	0.000454
12/28/2004	12/30/2004	01	V30.00		64.0	M	3920	D	0.000454
12/28/2004	12/30/2004	01	V30.00	770.6	95.46	M	3615	D	0.000454
12/29/2004	12/31/2004	01	V30.01	766.0	64.0	M	4655	D	0.000454

For purposes of confidentiality, HCO and patient related information were not selected

Outlier

Drill Down Information Tells:

- Indicator is PR2 – Inpatient neonatal mortality
- ICD-9 Code
 - 765.20: Gestation of unspecified weeks
- Birth Weight
 - 150 gms: Extremely low birth weight (ELBW) is defined as a birth weight less than 1000g (2 lb, 3 oz)

Set up of query will determine the quantity and quality of information received in data drill down

Excel Spreadsheet from Data Mining - Example of Tab 1

HCD ID# 99999: MTF Name review of PN 6a, 6b data for 3rd Qtr 05

CALCULATED RESULTS		<i>Positive Outcome</i>				<i>Negative Outcome</i>		
HCO	Measure	Numerator	Denominator	Rate	Avg Time (min)	Numerator	Denominator	Rate
99999	PN-6	0	0	0.00%	-	0	0	0.00%
	PN-6a	0	2	0.00%	-	2	2	100.00%
	PN-6b	10	14	71.40%	-	4	14	28.60%

CALCULATIONS: Initial Antibiotic Selection For Community-Acquired Pneumonia (CAP) In Immunocompetent Patients - Intensive Care Unit (ICU) Patients

PN-6a NUMERATOR:

ICU PN patients who received an initial antibiotic regimen consistent with current practice guidelines during the first 24 hours of their hospitalization

PN-6a DENOMINATOR:

ICU Inpatients 18 years of age and older with a: ICD-9-Code Principal Diagnosis Code of pneumonia, Appendix A, Table 3.1, or a Principal Diagnosis Code of septicemia as defined in Appendix A, Table 3.2, and ICD-9-CM Other Diagnosis Codes of pneumonia as defined in Appendix A, Table 3.1 or ICD-9-CM Principal Diagnosis code of respiratory failure as defined in Appendix A, Table 3.3 and ICD-9-CM Other Diagnosis of pneumonia as defined in Appendix A, Table 3.1

PN-6b NUMERATOR:

Initial Antibiotic Selection For Community-Acquired Pneumonia (CAP) In Immunocompetent Patients - Non Intensive Care Unit Patients

Non-ICU PN patients who received an initial antibiotic regimen consistent with current guidelines during the first 24 hours of their hospitalization

PN-6b DENOMINATOR:

Non-ICU inpatients 18 years of age and older with a: ICD-9-Code Principal Diagnosis Code of pneumonia, Appendix A, Table 3.1, or a Principal Diagnosis Code of septicemia as defined in Appendix A, Table 3.2, and ICD-9-CM Other Diagnosis Codes of pneumonia as defined in Appendix A, Table 3.1 or ICD-9-CM Principal Diagnosis code of respiratory failure as defined in Appendix A, Table 3.3 and ICD-9-CM Other Diagnosis of pneumonia as defined in Appendix A, Table 3.1

Excel Spreadsheet from Data Mining - Example of Tab 2

HCD ID# 99999: MTF Name review of PN 6a, 6b data for 3rd Qtr 05

DEMOGRAPHIC RESULTS

Patient ID	Birthdate	Arrival Date	Arrival Time	Initial Antibiotic Start Date	Initial Antibiotic Start Time	Antibiotics Prior to Arrival	Patient Name	Antibiotic 1	Antibiotic 2	PN-6	PN-6a	PN-6b	Provider comments based on medical record review	Abstractor's Review & Comments: (email From: Sent: date)
SSN#	mo/day/yr	6/30/2005	16:43	6/30/2005	19:00	N	Last Name / First Name	Zosyn - 06/24/2005 - 16:00 - 2	Levaquin - 06/30/2005 - 20:00 - 2	D	B		Per H&P: Clearly had risk for pseudomonas pneumonia. H&P states that he had history of resistant pseudomonas in sputum from prior BAL.	According to the "Pneumonia Antibiotic Cons Recommendations" ICU patients with no Pse Risk (which was the case in this record), shou the following medications: B-lactam (IV) Tabl macrolide (IV) Table 2.6 -or- B-lactam (IV) Ta quinolone (IV) Table 2.9 -or- If B-lactam aller Quinolone (IV) Table 2.9 +/- optional Clindam Table 2.12 This patient received IV Zosyn (o 2.4) and Levaquin (on table 2.9). Therefore ti
SSN3	mo/day/yr	7/5/2005	17:28	7/6/2005	10:00	N	Last Name / First Name	Rocephin - 07/06/2005 - 11:00 - 5	Azithrom ycin - 07/06/2005 - 10:00 - 5	B	E			
SSN#	mo/day/yr	7/30/2005	17:33	7/30/2005	22:00	N	Last Name / First Name	Zosyn - 07/30/2005 - 22:00 - 5		B	D		Per H&P: Failed Z-pak. Failed Zocyn. Given broad-spectrum.	
SSN#	mo/day/yr	8/8/2005	16:04	8/8/2005	22:40	N	Last Name / First Name	Rocephin - 08/08/2005 - 22:40 - 2	Vancomy cin - 08/09/2005 - 04:00 - 2	B	D		Per H&P: prior history and treatment for COPD and multiple admissions for pneumonia and bronchitis within last months. "Plan: Empiric tx per 2004 ATS Guidelines with Zosyn, Cipro and Vanc while awaiting sputum and blood culture results. Allergies include	According to the "Pneumonia Antibiotic Cons Recommendations" non-ICU patients should i following medications: B-lactam (IV or IM) Ta macrolide (IV or PO) Table 2.5 -or- Quinolone Monotherapy (IV or PO) Table 2.9 -or- B-lacta IM) Table 2.3 + doxycycline (IV or PO) Table patient received IV Rocephin (on table 2.3) ar Vancomycin (on table 2.13) and IV Zosyn (on and IV Ciprofloxacin (on table 2.8). Therefore calculates as a Category D.
SSN#	mo/day/yr	7/15/2005	17:04	7/15/2005	20:01	N	Last Name / First Name	Tequin - 07/15/2005 - 20:01 - 2	Ceftriaxo ne - 07/16/2005 - 00:01 - 5	B	E			

Confidentiality Notice: This information is intended exclusively for the individual or entity to which it is addressed. This communication may contain information that is proprietary, privileged or confidential or legally exempt from disclosures pursuant to the Privacy Act, the Health Insurance Portability and Accountability Act (HIPAA), or other appropriate law. If you are not authorized access to this information, you read, print, retain, copy or disseminate this message or any part of it. If you receive this document in error, please notify the originator immediately and delete all copies of the document and message.



ORYX® Survey Questions

- How your selected ORYX® measures fit into your organization's strategic approach to performance improvement
- How the needs and concerns of your patient population(s) were considered in selecting your ORYX® measures, as well as who participated in the selection process
- How your leaders communicated your ORYX® measure selections to all staff
- How you have integrated ORYX® data into your organization-wide performance improvement activities
- What kind of comparative feedback reports you receive from your selected measurement system and whether the reports match those sent to the Joint Commission
- The roles of clinical and support staff, leaders, and the governing board (if applicable) in monitoring ORYX® measurement results and in taking action when results are unsatisfactory
- What methods you used to educate and train staff involved in generating, collecting, validating, and interpreting data for ORYX® measures

Questions?

In God we trust. All others must bring data

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Data Mining / Drill Down Instructions of Core Measures on HCD Website

- **After the HCD log on page; click on “Acute Core Measures”**
(Non-core Measures: follow the same process except click on Disease Management)
 - Click on "DATA MINING" on left side of page
 - Click on “Core Measure” block at top of page that is desired to query
- **Build the Query:**
 - By holding the CTRL key, mouse click to select the fields desired for the query
 - Not all fields have to have selections
 - Note: most indicators are built on "discharge" dates rather than admission dates
- **After Selecting the Desired Data Mining Fields:**
 - Click on "View Uncommitted Data" at the bottom of page
 - Click "SUBMIT"
 - Fields can be added or deleted by using the BACK ARROW and changing selections
- **To Save Query as an EXCEL Spreadsheet:**
 - Go to top of screen and click on the "Download These Results" box
 - This same box will turn to a blue "Right Click to Download"
 - Right click in the box to "Open" or "Save Target As" this query as an excel spreadsheet
 - The spreadsheet can be formatted as desired. This is one example.
 - Cut and paste reviews / information as appropriate to complete review

Slides for Student File

Tell a Story

What To Do With Data

“The 3 A’s”

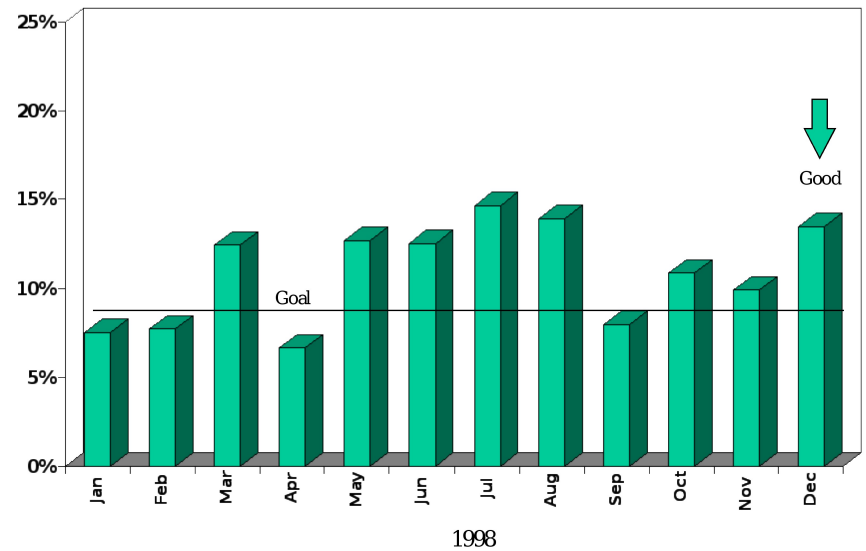
Basic Rules of Data Story Telling

- Display **data over time** rather than “point-in-time”
- Use **correlations**
 - Ex: Falls to staffing or acuity, medication errors to competency levels, etc
- Use **ratios and percentages** rather than raw numbers

Putting the Story - the 3 A's - All Together

- **A**ggregation
 - Picture - the graph
- **A**nalysis
- **A**ction
 - Plan using organization approach to improvement
 - PDCA
- All on one page or 2 slides maximum

Example of Metric Layout



Description: Explain what the chart measures and how it is associated with the MTF goals and objectives.

Standard/Goal: Explain the standard or goal you are trying to achieve. For compliance items, indicate what drives this standard, i.e., service directed metric. A line to indicate the goal or standard may be used on the chart.

Remarks: Analyze the metric and interpret what is happening and why it is happening. This section may be optional for metrics that meet the standard. Note any developing trends even if the standard is met.